

# FAMILY ACCOMMODATION SCALE FOR OBSESSIVE-COMPULSIVE DISORDER Self-Rated-Child-Adolescent Version (FAS-SR-CA)

Developed by:

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## Reference

Pinto, A., Van Noppen, B., & Calvocoressi, L. (2013). Development and preliminary psychometric evaluation of a self-rated version of the Family Accommodation Scale for Obsessive-Compulsive Disorder. *Journal of Obsessive-Compulsive and Related Disorders*, 2, 457-465.

## Correspondence

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<https://publichealth.yale.edu/familyaccommodationocd/>

**FAMILY ACCOMMODATION SCALE FOR OCD  
Self-Rated/Child-Adolescent Version (FAS-SR-CA)**

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Your Gender:** *(circle one)*

1 = female    2 = male    3 = non-binary

**I am the patient's** \_\_\_\_\_. **[What is your relation to the patient?]** *(circle one)*

1 = mother    2 = father    3 = sibling    4 = other (specify: \_\_\_\_\_)

**INTRODUCTION FOR THE FAMILY MEMBER**

You have been asked to complete this questionnaire because you have a child/adolescent relative who has been diagnosed with obsessive-compulsive disorder (OCD) and you have been identified as the family member who is most involved with him/her and the OCD. Throughout this questionnaire, your child/adolescent relative with OCD is referred to as "your child" and you are referred to as the "family member." The term "my child" is used though you might be completing this as another relative (such as a grandparent or sibling).

Part I of this questionnaire describes obsessions and compulsions and asks you to identify your relative's current OCD symptoms to the best of your knowledge. Part II of this questionnaire asks you to identify possible ways in which you may be modifying your behavior or routines in response to your child's OCD.

**PART I: REPORT OF CHILD'S SYMPTOMS**

**OBSESSIONS**

Obsessions are distressing ideas, thoughts, images or impulses that repeatedly enter a person's mind and may seem to occur against his or her will. The thoughts may be repugnant or frightening or may seem senseless to the person who is experiencing them.

Below is a list of different types of obsessions common in OCD. Please place a check mark by each type of obsession that your relative experienced (to the best of your knowledge) **during the past week**.

\_\_\_\_\_ **HARMING OBSESSIONS**

Examples: fears of harming oneself or others, stealing things, blurting out obscenities or insults, acting on unwanted or embarrassing impulses; being responsible for something terrible happening (e.g., a fire or burglary); experiencing violent or horrific images.

\_\_\_\_\_ **CONTAMINATION OBSESSIONS**

Examples: excessive concerns about or disgust with bodily waste, secretions, blood, germs; excessive concerns about being contaminated by environmental toxins (e.g., asbestos, radiation, or toxic waste), household cleansers/solvents, or animals (e.g., insects) or other people's "essence"; discomfort with sticky substances or residues (oil from fried foods); fears of contaminating others.

\_\_\_\_\_ **SEXUAL OBSESSIONS**

Examples: unwanted, repeated thoughts with forbidden or perverse sexual themes (such as disturbing images of family members in sexual situations).

\_\_\_\_\_ **HOARDING/SAVING OBSESSIONS**

Examples: worries about throwing out seemingly unimportant things, resulting in accumulation of possessions that fill up or clutter your child's bedroom and shared living spaces.

\_\_\_\_\_ RELIGIOUS OBSESSIONS

Examples: intrusive blasphemous thoughts; excessive concerns about right and wrong/morality.

\_\_\_\_\_ OBSESSION WITH NEED FOR SYMMETRY OR EXACTNESS

Examples: worries about whether items have been moved; worries that possessions are not properly aligned; worries about calculations or handwriting being perfect.

\_\_\_\_\_ SOMATIC OBSESSIONS

Examples: excessive concerns about having an illness like AIDS or cancer, despite reassurance to the contrary; excessive concerns about a part of the body or aspect of appearance.

\_\_\_\_\_ MISCELLANEOUS OBSESSIONS

Examples: an excessive need to know or remember unimportant details; a fear of losing things; a fear of saying certain words; a fear of not saying just the right thing, feeling "not right" or discomfort that a phrase said by others does not sound "just right"; discomfort with certain sounds (chewing) or noises (clocks ticking); or repeated thoughts of lucky or unlucky numbers.

**COMPULSIONS**

Compulsions (also called rituals) are defined as behaviors or mental acts that a person feels driven to perform, although s/he may recognize them as senseless or excessive. It may be difficult or anxiety provoking for a person to resist performing these behaviors.

Below is a list of different types of compulsions common in OCD. Please place a check mark by each type of compulsion that your relative experienced (to the best of your knowledge) **during the past week**.

\_\_\_\_\_ CLEANING/WASHING COMPULSIONS

Examples: excessive or ritualized handwashing, showering, bathing, toothbrushing, grooming, or toilet routine; excessive cleaning of toys, school items, household items; efforts to prevent contact with contaminants.

\_\_\_\_\_ CHECKING COMPULSIONS

Examples: excessively checking locks, stove, appliances; checking to ensure that nothing terrible did or will happen, or that s/he did not make a mistake; checking tied to fears of illness (e.g., checking oneself for symptoms of illness, reading about symptoms of illness online, etc.).

\_\_\_\_\_ REPEATING RITUALS

Examples: rereading and/or rewriting things; repeating routine activities (e.g., going in/out of door, getting up/down from chair); repeating certain words or phrases.

\_\_\_\_\_ COUNTING COMPULSIONS

Examples: counting floor tiles, footsteps, books on a shelf, words in a sentence, stuffed animals, action figures.

\_\_\_\_\_ ORDERING/ARRANGING COMPULSIONS

Examples: excessive straightening of papers or pens/pencils, clothes, shoes, toys, stuffed animals, games.

\_\_\_\_\_ HOARDING/SAVING/COLLECTING COMPULSIONS

Examples: saving old schoolwork, toys, candy wrappers; picking up useless objects from the street or garbage cans.

## MISCELLANEOUS COMPULSIONS

Examples: seeking reassurance (e.g., by repeatedly asking the same question); the child saying "I love you to a parent and asking to hear it back repeatedly until it sounds "just right"; excessive list making; taking measures to prevent harm to self or others, or to prevent terrible consequences; use of "good" numbers and avoidance of "bad" numbers; mental rituals other than checking or counting (e.g., reviewing, ritualized praying); need to touch or tap things; ritualized eating behaviors.

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## PART II: REPORT OF FAMILY MEMBER'S RESPONSES TO OCD

**INSTRUCTIONS:** Keeping in mind your child's OCD symptoms that you identified in Part I, the next set of items describe possible ways that you may have responded to those symptoms during the past week. For each item, please indicate the **number of days during the past week** that you responded to your child in the way specified. For each item, circle your response in the NUMBER OF DAYS IN THIS PAST WEEK column. If an item refers to something you did not do at all in the last week, circle 0 for "none/never." The term "my child" is used though you might be completing this as another relative (such as a grandparent or sibling).

	NUMBER OF DAYS THIS PAST WEEK				
	None/ Never	1 Day	2-3 days	4-6 days	Every day
1. I reassured my child that there were no grounds for his/her OCD-related worries. <i>Examples: reassuring my child that s/he is not contaminated or that a disastrous event will not occur.</i>	0	1	2	3	4
2. I reassured my child that the rituals he/she already performed took care of the OCD-related concern. <i>Examples: reassuring my child that s/he did enough ritualized cleaning or checking.</i>	0	1	2	3	4
3. I waited for my child while s/he completed compulsive behaviors.	0	1	2	3	4
4. I directly participated in my child's compulsions. <i>Examples: doing repeated washing or checking at my child's request.</i>	0	1	2	3	4
5. I did things that made it possible for my child to complete compulsions. <i>Examples: driving back home so my child can check if the doors are locked; creating extra space in the house for my child's saved items.</i>	0	1	2	3	4
6. I provided my child with OCD with items s/he needs to perform rituals or compulsions. <i>Examples: shopping for excessive quantities of soap or cleaning products for my child.</i>	0	1	2	3	4
7. I did things that allowed my child to avoid situations that might trigger obsessions or compulsions. <i>Examples: touching public doorknobs for my child so s/he wouldn't have to.</i>	0	1	2	3	4

	NUMBER OF DAYS THIS PAST WEEK				
	None/ Never	1 day	2-3 days	4-6 days	Every day
8. I helped my child make simple decisions when s/he couldn't do so because of OCD. <i>Examples: deciding which clothes my child should put on in the morning or what brand of cereal s/he should eat.</i>	0	1	2	3	4
9. I helped my child with personal tasks which I would not otherwise, such as washing, grooming, toileting, or dressing, schoolwork when his/her ability to function was impaired by OCD.	0	1	2	3	4
10. I helped my child at mealtimes when s/he was limited by OCD.	0	1	2	3	4
11. I took on family/household responsibilities or chores that my child couldn't adequately perform due to OCD. <i>Examples: cleaning his/her bedroom, taking care of pet (when, except for OCD, I wouldn't have done so).</i>	0	1	2	3	4
12. I avoided talking about things that might trigger my child's obsessions or compulsions.	0	1	2	3	4
13. I stopped myself from doing things that could have led my child to have obsessions or compulsions. <i>Examples: not moving items that my child has carefully lined up; not entering my child's room or sitting on his/her bed.</i>	0	1	2	3	4
14. I made excuses or lied for my child when s/he missed school or a social or extracurricular activity because of his/her OCD.	0	1	2	3	4
15. I didn't do anything to stop unusual OCD-related behaviors by my child. <i>Examples: tolerating my child's repetitive actions such as going in and out of a doorway or touching/tapping objects a certain number of times.</i>	0	1	2	3	4
16. I put up with unusual conditions in my home because of my child's OCD. <i>Examples: leaving the home cluttered with papers, old toys or other items that my child does not want thrown out.</i>	0	1	2	3	4
17. I cut back on leisure activities because of my child's OCD. <i>Examples: spending less time socializing, doing hobbies, exercising.</i>	0	1	2	3	4
18. I changed my work or school schedule because of my child's OCD.	0	1	2	3	4

<p>19. I put off some of my family responsibilities because of my child's OCD.  <i>Examples: I spent less time than I would have liked with other relatives; I neglected my household chores.</i></p>	0	1	2	3	4
<b>TOTAL SCORE</b> ( <i>sum of responses to items 1-19</i> )					

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